

## General

### Title

Colorectal cancer screening: percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings, who had an interval of 3 or more years since their last colonoscopy.

### Source(s)

American Gastroenterological Association (AGA). Colonoscopy interval for patients with a history of adenomatous polyps. Bethesda (MD): American Gastroenterological Association (AGA); 2015 Nov 17. 6 p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings, who had an interval of 3 or more years since their last colonoscopy.

### Rationale

Colorectal cancer is the second leading cause of cancer death in the United States. Colonoscopy is the recommended method of surveillance after the removal of adenomatous polyps because it has been shown to significantly reduce subsequent colorectal cancer incidence. The time interval for the development of malignant changes in adenomatous polyps is estimated at 5 to 25 years (Institute for Clinical Systems Improvement [ICSI], 2006). Inappropriate interval recommendations can result in overuse of resources and can lead to significant patient harm. Performing colonoscopy too often not only

increases patients' exposure to procedural harm, but also drains resources that could be more effectively used to adequately screen those in need (Lieberman et al., 2009).

#### Clinical Recommendation Statements:

Patients with only 1 or 2 small (less than 1 cm) tubular adenomas with only low-grade dysplasia should have their next follow-up colonoscopy in 5 to 10 years; the precise timing within this interval should be based on other clinical factors (such as prior colonoscopy findings, family history, and the preferences of the patient and judgment of the physician). Patients with 3 to 10 adenomas, or any adenoma greater than or equal to 1 cm, or any adenoma with villous features, or high-grade dysplasia should have their next follow-up colonoscopy in 3 years providing that piecemeal removal has not been performed and the adenoma(s) is removed completely; if the follow-up colonoscopy is normal or shows only 1 or 2 small tubular adenomas with low-grade dysplasia, then the interval for the subsequent examination should be 5 years (Winawer et al., 2006).

Patients with greater than 10 adenomas are thought to be at particularly high risk, and current multi-society guidelines therefore recommend early surveillance colonoscopy in these individuals (less than 3 years) (Lieberman et al., 2012). However, it is important to note that risk is a continuum; an individual with 11 adenomas is not at dramatically higher risk than an individual with 9 or 10 adenomas. Thus, the optimal threshold at which early surveillance colonoscopy becomes worthwhile is subject to debate. For instance, in the United Kingdom, early surveillance colonoscopy is recommended for individuals with even fewer adenomas (greater than or equal to 5 adenomas of any size, or greater than or equal to 3 adenomas with at least one large adenoma). A lower threshold is likely to result in higher colonoscopy utilization, but it may also provide greater clinical benefit (Martínez et al., 2012).

## Evidence for Rationale

American Gastroenterological Association (AGA). Colonoscopy interval for patients with a history of adenomatous polyps. Bethesda (MD): American Gastroenterological Association (AGA); 2015 Nov 17. 6 p.

Institute for Clinical Systems Improvement (ICSI). Colorectal cancer screening. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jun. 50 p. [71 references]

Lieberman DA, Faigel DO, Logan JR, Mattek N, Holub J, Eisen G, Morris C, Smith R, Nadel M. Assessment of the quality of colonoscopy reports: results from a multicenter consortium. *Gastrointest Endosc.* 2009 Mar;69(3 Pt 2):645-53. [PubMed](#)

Lieberman DA, Rex DK, Winawer SJ, Giardiello FM, Johnson DA, Levin TR. Guidelines for colonoscopy surveillance after screening and polypectomy: a consensus update by the US Multi-Society Task Force on Colorectal Cancer. *Gastroenterology.* 2012 Sep;143(3):844-57. [85 references] [PubMed](#)

Martínez ME, Thompson P, Messer K, Ashbeck EL, Lieberman DA, Baron JA, Ahnen DJ, Robertson DJ, Jacobs ET, Greenberg ER, Cross AJ, Atkin W. One-year risk for advanced colorectal neoplasia: U.S. versus U.K. risk-stratification guidelines. *Ann Intern Med.* 2012 Dec 18;157(12):856-64. [PubMed](#)

Winawer SJ, Zauber AG, Fletcher RH, Stillman JS, O'Brien MJ, Levin B, Smith RA, Lieberman DA, Burt RW, Levin TR, Bond JH, Brooks D, Byers T, Hyman N, Kirk L, Thorson A, Simmang C, Johnson D, Rex DK. Guidelines for colonoscopy surveillance after polypectomy: a consensus update by the US Multi-Society Task Force on Colorectal Cancer and the American Cancer Society. *CA Cancer J Clin.* 2006 May-Jun;56(3):143-59. [83 references] [PubMed](#)

## Primary Health Components

Colonoscopy; adenomatous polyp; surveillance interval

## Denominator Description

All patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Patients who had an interval of 3 or more years since their last colonoscopy (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

Unspecified

### Extent of Measure Testing

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

## Professionals Involved in Delivery of Health Services

not defined yet

## Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

## Statement of Acceptable Minimum Sample Size

Does not apply to this measure

## Target Population Age

Age greater than or equal to 18 years

## Target Population Gender

Either male or female

## National Strategy for Quality Improvement in Health Care

### National Quality Strategy Aim

Better Care

### National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

## Institute of Medicine (IOM) National Health Care Quality Report Categories

### IOM Care Need

Staying Healthy

### IOM Domain

Effectiveness

## Data Collection for the Measure

## Case Finding Period

The reporting period

## Denominator Sampling Frame

Patients associated with provider

## Denominator (Index) Event or Characteristic

Clinical Condition

Diagnostic Evaluation

Encounter

Patient/Individual (Consumer) Characteristic

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

All patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings

### *Denominator Criteria (Eligible Cases):*

Patients aged greater than or equal to 18 years on date of encounter

AND

Diagnosis for history of adenomatous (colonic) polyp(s) (International Classification of Diseases, Tenth Revision, Clinical Modification [ICD-10-CM] codes): Z86.010

AND

Patient encounter during the reporting period (refer to the original measure documentation for specific Current Procedural Terminology [CPT] or Healthcare Common Procedure Coding System [HCPCS] codes)

WITHOUT

Specific CPT Category I Modifiers (refer to the original measure documentation for specific CPT Category I Modifiers)

### Exclusions

Clinicians who indicate that the colonoscopy procedure is incomplete or was discontinued should use the procedure number and the addition (as appropriate) of specific modifiers (refer to the original measure documentation for specific CPT Category I Modifiers). Patients who have a coded colonoscopy procedure that has specific modifiers (refer to the original measure documentation for specific CPT Category I Modifiers) will not qualify for inclusion into this measure.

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Patients who had an interval of 3 or more years since their last colonoscopy

### Exclusions

Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [Crohn's disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer])

Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

Registry data

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Measure #185: colonoscopy interval for patients with a history of adenomatous polyps – avoidance of inappropriate use.

### Measure Collection Name

Colorectal Cancer Screening

### Submitter

American Gastroenterological Association - Medical Specialty Society

### Developer

American College of Gastroenterology - Medical Specialty Society

American Gastroenterological Association - Medical Specialty Society

American Society of Gastrointestinal Endoscopy - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

### Funding Source(s)

Unspecified

### Composition of the Group that Developed the Measure

Unspecified

### Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

## Endorser

National Quality Forum - None

## NQF Number

not defined yet

## Date of Endorsement

2015 Aug 27

## Core Quality Measures

Gastroenterology

## Measure Initiative(s)

Ambulatory Surgery Center Quality Reporting Program

Hospital Compare

Hospital Outpatient Quality Reporting Program

Physician Quality Reporting System

## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2015 Nov

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

2017

## Measure Status

This is the current release of the measure.

This measure updates a previous version: American Society for Gastrointestinal Endoscopy, American Gastroenterological Association, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Endoscopy and polyp surveillance physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2010 Sep. 20 p.



The measure developer reaffirmed the currency of this measure in February 2017.

## Measure Availability

Source not available electronically.

For more information, contact the American Gastroenterological Association (AGA) at 4930 Del Ray Avenue, Bethesda, MD 20814; Phone: 301-654-2055; Fax: 301-654-5920; E-mail: [measures@gastro.org](mailto:measures@gastro.org); Web site: [www.gastro.org](http://www.gastro.org) .

## NQMC Status

This NQMC summary was completed by ECRI Institute on February 26, 2009. The information was verified by the measure developer on April 13, 2009.

This NQMC summary was retrofitted into the new template on May 18, 2011.

This NQMC summary was edited by ECRI Institute on April 27, 2012.

Stewardship for this measure was transferred from the PCPI to the AGA. AGA informed NQMC that this measure was updated. This NQMC summary was updated by ECRI Institute on March 14, 2016. The information was verified by the measure developer on March 29, 2016.

The information was reaffirmed by the measure developer on February 6, 2017.

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## Production

### Source(s)

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